

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

10789303

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4	/					
5	/					
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7	/					
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21	4					
22	5					
23	5					
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25	5					
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50						
TOTAL IND.	6					
TOTAL DEP.	61	↔	↔	↔	↔	↔
TOTAL CLAIMS	67	██████████	██████████	██████████	██████████	██████████

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.		↔	↔	↔	↔	↔
TOTAL CLAIMS		██████████	██████████	██████████	██████████	██████████